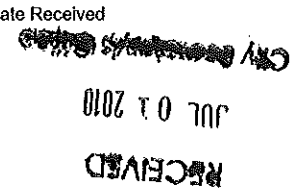


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Maher M. NICKNAME LAST SUFFIX Maso		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10902 Ormond Lane Frisco, TX 75035		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Valenda M. NICKNAME LAST SUFFIX Maso		6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10902 Ormond Lane Frisco, TX 75035
	7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (972) 335-3113		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2010 06/30/2010		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Mayor - City of Frisco		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Maso, Maher

M. (Mr.)

15 ACCOUNT # (Ethics Commission filers)
0000000116 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 250.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 45.01

4. TOTAL POLITICAL EXPENDITURES

\$ 1,706.22

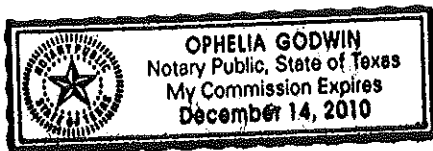
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 53.63

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mah Maso

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maher Maso, this the 1st day of July, 2010, to certify which, witness my hand and seal of office.

Ophelia Godwin
Signature of officer administering oath

Ophelia Godwin
Print name of officer administering oath

Admin Asst
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/5	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/15/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patterson, Patricia (Ms.) 6 Contributor address; City; State; Zip Code 3525 Turtle Creek Blvd PH-A Dallas, TX 75219	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 4/5		2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 05/03/2010	5 Payee name Maso, Maher (Mr.)			
6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code 10902 Ormond Lane Frisco, TX 75035			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Re-imbursement of campaign expenses paid for by personal funds	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 01/07/2010	Payee name Sci-tech discovery center			
Amount (\$) \$500.00	Payee address City; State; Zip Code 8000 N. Dallas Parkway Frisco, TX 75034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship / Advertising	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 5/5	2 FILER NAME Maso, Maher M. (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 06/08/2010	5 Payee name Godaddy
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6 Amount (\$) \$93.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Domain Renewel for web sites
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Date 01/07/2010	Payee name Original pancake house
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Amount (\$) \$23.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 5760 State Highway 121 Suite 125 Plano, TX 75024
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer meeting
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Date 01/13/2010	Payee name Postmaster
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Amount (\$) \$44.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 8700 Stonebrook Pkwy Frisco, TX 75034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps for letters, cards
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